

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 18
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 2229 North Pollard St		Amount 170150.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : B633886
Purpose of Expenditure Digital Ad Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2016
Name of Federal Candidate Ayotte, Kelly, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 932049.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 222.74	
City New York	State NY	Zip Code 10038	Transaction ID : B633888
Purpose of Expenditure Staff time for direct voter contact		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2016
Name of Federal Candidate Clinton, Hillary, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 3510141.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	170372.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Schifeling, Deirdre, ,***[Electronically Filed]**

Date

MM / DD / YYYY
10 / 22 / 2016

Signature